Department of Defense

INSTRUCTION

NUMBER 6490.03
August 11, 2006
Certified Current as of September 30, 2011

USD(P&R)

SUBJECT: Deployment Health

References: (a) DoD Instruction 6490.3, "Implementation and Application of Joint Medical Surveillance for Deployments," August 7, 1997 (hereby canceled)
(b) Assistant Secretary of Defense for Health Affairs, "Policy Memorandum – Human Immunodeficiency Virus Interval Testing," March 29, 2004 (hereby canceled)
(c) Under Secretary of Defense for Personnel and Readiness Memorandum, "Enhanced Post-Deployment Health Assessments," April 22, 2003 (hereby canceled)
(d) Assistant Secretary of Defense for Health Affairs Memorandum, "Policy for Use of Force Health Protection Prescription Products," April 24, 2003 (hereby canceled)
(e) through (am), see Enclosure 1

1. REISSUANCE AND PURPOSE

This Instruction:

1.1. Reissues Reference (a) to implement policy; replaces References (b), (c), (d), and the Under Secretary of Defense for Personnel and Readiness memorandum, "Improved Occupational and Environmental Health Surveillance Reporting and Archiving" (Reference (e)); and assigns responsibilities for deployment health activities under DoD Directive ~~6490.2~~*6490.02E* (Reference (f)).

1.2. Implements policies and prescribes procedures for deployment health activities for Joint and Service-specific deployments to monitor, assess, and prevent ~~Disease and Non-Battle Injury (DNBI)~~*Disease and Injury (DI)* to control or reduce Occupational and Environmental Health (OEH) risks; to document and link OEH exposures with deployed personnel, including exposures to Chemical, Biological, Radiological, and Nuclear (CBRN) warfare agents; and to record the daily locations of deployed personnel.

Report Documentation Page

Form Approved
OMB No. 0704-0188

1. REPORT DATE	2. REPORT TYPE	3. DATES COVERED
11 AUG 2006		**00-00-2006 to 00-00-2006**

4. TITLE AND SUBTITLE	5a. CONTRACT NUMBER
Deployment Health	5b. GRANT NUMBER
	5c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S)	5d. PROJECT NUMBER
	5e. TASK NUMBER
	5f. WORK UNIT NUMBER
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) **Under Secretary of Defense for Personnel and Readiness,4000 Defense Pentagon,Washington,DC,20301-4000**	8. PERFORMING ORGANIZATION REPORT NUMBER
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)	10. SPONSOR/MONITOR'S ACRONYM(S)
	11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
Approved for public release; distribution unlimited

13. SUPPLEMENTARY NOTES

14. ABSTRACT

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT **unclassified**	b. ABSTRACT **unclassified**	c. THIS PAGE **unclassified**	**Same as Report (SAR)**	**41**	

2. APPLICABILITY AND SCOPE

2.1. This Instruction applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff *and the Joint Staff*, the Combatant Commands, the Office of the Inspector General of the Department of Defense (DoD), the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereinafter referred to collectively as the "DoD Components"). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, the Marine Corps, and the Coast Guard when it is operating as a Service in the Navy. By agreement with the Secretary of Homeland Security, this Directive will also apply to the Coast Guard when it is not operating as a Service in the Navy.

2.2. This Instruction applies to deploying, deployed, and redeployed (those who have returned from deployment) Service members and units as well as DoD civilian employees and DoD contractor personnel deploying with United States (U.S.) forces (hereinafter referred to as "DoD personnel") consistent with DoD and Service-specific guidance, including ~~DoD Directive 6200.4~~*DoD Directive 6200.04* (Reference (g)), DoD Directive 1400.31 (Reference (h)), DoD Instruction 1400.32 (Reference (i)), and DoD Instruction 3020.41 (Reference (j)). However, DoD contractor personnel are only included to the extent provided in the applicable contracts or according to Reference (j) or Service policy.

2.3. Shipboard operations that are not anticipated to involve operations ashore are exempt from the requirements of this Instruction EXCEPT for recording individual daily deployment locations or when potential health threats indicate actions necessary beyond the scope of shipboard occupational health programs or per the decision of the commander exercising operational control.

3. DEFINITIONS

Terms used in this Instruction not found in Joint Publication 1-02 (Reference (k)) are defined in Enclosure 2.

4. POLICY

It is DoD policy that:

4.1. The DoD Components implement a comprehensive deployment health program, according to Reference (f), which effectively anticipates, recognizes, evaluates, controls, and mitigates health threats encountered during deployments. For purposes of this Instruction, the fourth definition of deployment in Reference (k) applies. Deployment is characterized as the relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental United States, intertheater, and intratheater movement legs, staging, and holding areas.

4.2. Essential data and records of individual daily deployment locations, medical information, OEH activities, patient encounters, and reportable medical events are collected, reported, distributed, and archived according to this Instruction, Reference (f), ~~and DoD Directive 5400.11 (Reference (l)) and 6025.18 (Reference (m))~~*DoD Directive 5400.11 (Reference (l)), and DoD Instruction 6025.18 (Reference (m))*. To the extent feasible, deployment health data will be collected and maintained in DoD-approved automated health information management systems. Information shall be shared as broadly as possible (except where limited by law, policy, or security classification), and any data produced as a result of the assigned responsibilities shall be visible, accessible, and understandable to the rest of the Department as appropriate and according to ~~DoD Directive 8320.2~~*DoD Directive 8320.02* (Reference (n)).

5. RESPONSIBILITIES

5.1. The Under Secretary of Defense for Personnel and Readiness (USD(P&R)) shall, according to ~~DoD Directive 5124.2~~*DoD Directive 5124.02* (Reference (o)) and section 136 of title 10, United States Code (Reference (p)), establish uniform reporting systems for tracking deployments and serve as the principal staff assistant and advisor on personnel and readiness issues to the Secretary and Deputy Secretary of Defense.

5.1.1. The Assistant Secretary of Defense for Health Affairs, under the USD(P&R) and according to Reference (f), shall:

5.1.1.1. Oversee and ensure the implementation of this Instruction and assess the development and fielding of new and existing technologies and programs to support deployment health activities.

5.1.1.2. Coordinate with the Department of Veterans Affairs to make deployment health-related information available to support clinical management and claims adjudication of veterans.

5.1.1.3. Coordinate with the Assistant Secretary of Defense for Networks and Information Integration to ensure that all deployment health activities have a comprehensive and effective strategic and tactical communications infrastructure to support the requirements of this Instruction.

5.1.1.4. Develop a quality assurance program and metrics to monitor the effective implementation of this Instruction.

5.1.1.5. Ensure the Director, Deployment Health Clinical Center (DHCC):

5.1.1.5.1. Maintains the Post-Deployment Health Clinical Practice Guideline and provides consultative support to health care providers in their evaluation of deployment-related medical conditions according to the policy memorandum of the Assistant Secretary of Defense

for Health Affairs, "Implementation of the Post-Deployment Health Clinical Practice Guideline" (Reference (q)).

5.1.1.5.2. Packages area-specific exposure and monitoring summaries for permanent and semi-permanent basing locations, and posts them on its website (www.pdhealth.mil) in formats suitable for and accessible to health care providers, DoD personnel, veterans, and families.

5.1.2. The Assistant Secretary of Defense for Reserve Affairs, under the USD(P&R), shall ensure deployment health policies for the Ready Reserve are consistent with the policies established for the active component.

5.1.3. The Deputy Under Secretary of Defense for Program Integration, under the USD(P&R), shall:

5.1.3.1. Ensure the Defense Manpower Data Center (DMDC) is provided all necessary resources to receive, maintain, and archive once-daily deployment location records (at the SECRET level and below) reported by the Military Services, as required by this Instruction.

5.1.3.2. Ensure the DMDC has once-daily deployment location records available upon request so that OEH and CBRN monitoring results and patient encounter data may be linked to specific locations, operations, personnel, and units.

5.1.3.3. Ensure the DMDC establishes procedures to respond to requests from appropriate organizations and develops the capability to interface with line readiness-related reporting systems such as the Defense Readiness Reporting System (DRRS) for deployed personnel location data.

5.2. The Under Secretary of Defense for Acquisition, Technology, and Logistics shall:

5.2.1. Ensure effective and timely logistics and acquisition support for deployment health activities at tactical, operational, and strategic levels.

5.2.2. Provide policy and oversight for environment, safety, and occupational health programs according to DoD Directive 4715.1E (Reference (r)) and DoD Instruction 6055.1 (Reference (s)).

5.2.3. Ensure the Director, Defense Research and Engineering, responds to the science and technology needs of deployment health activities according to DoD Directive 5134.3 (Reference (t)).

5.3. The Director, Defense Intelligence Agency (DIA), under the authority, direction, and control of the Under Secretary of Defense for Intelligence, shall:

5.3.1. Ensure the DIA produces finished intelligence on threats from foreign CBRN weapons and agents.

5.3.2. Ensure the DIA ~~Armed Forces Medical Intelligence Center (AFMIC)~~ *National Center for Medical Intelligence (NCMI)* provides finished intelligence analysis on foreign medical capabilities, infectious disease threats, environmental health risks, toxic industrial chemical threats, and developments in biotechnology and biomedical subjects of military importance in support of DoD Components, according to Reference (g), ~~DoD Directive 6420.1~~*DoD Instruction 6420.01* (Reference (u)), and General Defense Intelligence Program Directive 006 (Reference (v)).

5.3.3. Make available medical intelligence products which identify environmental threats and hazards posed by disease, epidemics, toxic zones, and industrial or radioactive waste.

5.4. The Heads of Defense Agencies shall:

5.4.1. Recommend changes or improvements to this Instruction to the Secretary of Defense through the USD(P&R).

5.4.2. Ensure deployable Defense Agency personnel maintain a high state of pre-deployment health and medical readiness.

5.4.3. Coordinate with supporting military medical treatment facilities to ensure accomplishment of pre-deployment and post-deployment health activities for deployable Defense Agency personnel.

5.5. The Secretaries of the Military Departments shall:

5.5.1. Recommend changes or improvements to this Instruction to the USD(P&R).

5.5.2. Promulgate policies consistent with this Instruction and ensure commanders develop and implement an effective force health protection plan including a deployment health surveillance plan per guidance of the Combatant Command (COCOM) or Service-specific policy. Ensure preventive medicine resources are available to support the plans.

5.5.3. Train, equip, and provide staffing support to conduct OEH site assessments including site reconnaissance, health risk assessment and management activities, etc., to identify, evaluate, and document deployment health threats and countermeasures per Reference (r), ~~DoD Instruction 6055.5~~*and DoD Instruction 6055.05* (Reference (w))~~, and the American Society for Testing and Materials International, E 2318-03 standard (Reference (x))~~.

5.5.4. Program and budget for necessary resources to implement this Instruction.

5.5.5. Support OEH and medical surveillance activities and follow-up medical care.

5.5.6. Ensure health risk communication plans are developed and implemented and that deployment health risk assessments and health risk communication support is provided, when required, and documented.

5.5.7. Ensure deployable personnel maintain a high state of pre-deployment health and medical readiness. Ensure deployable personnel complete or confirm (as current) DD Forms 2795, "Pre-Deployment Health Assessment," if required. Ensure all completed forms are submitted to the Defense Medical Surveillance System (DMSS), which is maintained by ~~the Army Medical Surveillance Activity, U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM)~~*the Armed Forces Health Surveillance Center (AFHSC), U.S. Army Public Health Command (USAPHC)*.

5.5.8. Ensure deploying personnel are briefed on deployment health threats and are trained and equipped with necessary countermeasures.

5.5.9. Ensure FHPPPs are prescribed, as required. (See Enclosure 4, subparagraph E4.A1.1.3.)

5.5.10. Ensure all deployable medical personnel are trained on the signs, symptoms, medical countermeasures, and treatments of exposure to endemic diseases, environmental, occupational, and CBRN health threats.

5.5.11. Ensure deployable individuals' immunization, medical, and dental records are updated in a DoD-approved automated health information management system, and that custody for these records is established.

5.5.12. Plan, program, and implement a system to ensure once-daily location recording for all deployed personnel assigned, attached, on temporary duty, or temporary additional duty to deployed units. Report the data electronically to the DMDC (at the SECRET level and below) via the Service-specific system of record at least weekly. (See Enclosure 5.) Fully implement this capability within 3 years of the publication date of this Instruction.

5.5.13. Ensure inpatient and outpatient medical and dental encounter documentation (including medical and dental treatment records on DoD personnel from allies and coalition partners) are combined with individuals' permanent medical and dental records within 30 days of redeployment.

5.5.14. Train, staff, equip, and provide support to conduct disease outbreak and OEH exposure incident investigations and ensure reports and documentation of disease outbreaks, OEH and CBRN exposures are archived. (See Table E4.T4.) All exposures shall be reported that are immediately hazardous to life or health or that may significantly increase long-term health risks (e.g., cancer) through appropriate command channels.

5.5.15. Establish guidance for archiving operational records to investigate deployment health-related questions and concerns.

5.5.16. Ensure post-deployment health activities are conducted, as required. Ensure DD Forms 2796, "Post-Deployment Health Assessment," if required, are completed and submitted to DMSS. Provide a face-to-face health assessment with a trained health care provider for redeploying personnel who are required to complete a DD Form 2796. (See Enclosure 4, subparagraph E4.A3.2.2.) As appropriate, schedule medical and dental referrals and follow-up visits for health concerns or issues. (See Reference (q).)

5.5.17. Ensure Reserve Component members receive medical and dental care and disability evaluations according to ~~DoD Directive 1241.1~~*DoD Directive 1241.01* ~~(Reference (y))~~*(Reference (x))* prior to the release of the member from active duty. If the member does not stay on active duty, ensure arrangements are made for medical and dental care after being released.

5.5.18. Ensure post-deployment health and risk communications debriefings are provided to personnel who have returned or are returning from deployment.

5.5.19. Ensure medical and OEH surveillance are conducted and the command chain, Joint Staff surgeon, and the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness) are promptly notified of any emerging deployment-related health issues.

5.5.20. Support the accomplishment of pre-deployment and post-deployment health activities of deployable Defense Agency personnel, as appropriate.

5.5.21. Ensure DD Form 2900, "Post-Deployment Health Reassessment (PDHRA)," if required, is completed and submitted to DMSS. Conduct a clinical interview to discuss the individual's reported health care concerns noted on the DD Form 2900. If needed, refer the individual for further evaluation or treatment.

5.5.22. Use performance management metrics to monitor compliance with the requirements of this Instruction.

5.6. The Chairman of the Joint Chiefs of Staff shall take appropriate actions to incorporate this Instruction into relevant joint doctrine, training, and plans, as appropriate. The Chairman of the Joint Chiefs of Staff shall also, in consultation with the Commanders of the Combatant Commands and the Chiefs of Staff of the Military Services, monitor the implementation of this Instruction.

5.7. The Combatant Commanders, through the Chairman of the Joint Chiefs of Staff, shall:

5.7.1. Identify all deployment health resource requirements in operation plans and orders.

5.7.2. Ensure theater health surveillance plans and requirements are identified in each operation plan.

5.7.3. Direct and document health risk assessments (including food and water risk assessments) and OEH site assessments, and determine required deployment health activities for the joint operations area or area of operations based on health threats. Update health risk assessments and medical countermeasures as new information becomes available.

5.7.4. Enforce the use of all required countermeasures, approved sources of food and water per DoD Directive 6400.4 ~~(Reference (z))~~*(Reference (y))*, and personal protective equipment to protect the health of personnel, balanced with mission needs.

5.7.5. Develop and implement health risk communication plans during all phases of deployment to communicate health threats and countermeasures to all deployed personnel. Ensure health risk communications (written or oral) are based on health risk assessments and health risk management decisions, and updated as new information becomes available during deployment activities.

5.7.6. Record once-daily locations of all deployed personnel and report the data electronically to the DMDC (at the SECRET level and below) via the Service-specific system of record at least weekly. (See Enclosure 5.)

5.7.7. Coordinate and integrate timely deployment OEH and medical surveillance and follow-up medical treatment during deployments. Document deployment occupational and environmental exposures or CBRN exposures and related monitoring data on an SF 600, "Medical Record – Chronological Record of Medical Care," or equivalent, and file in the DD Form 2766, "Adult Preventive and Chronic Care Flowsheet," or equivalent. The DD Form 2766 is also commonly known as the "deployment health record," and the term is used hereinafter in this Instruction.

5.7.8. Provide timely reporting of ~~DNBI~~*DI*, battle injuries, and other medical information, as required.

5.7.9. Ensure, whenever deployed personnel receive medical or dental treatment by allies and coalition partners of the United States, all documentation of care is obtained and filed in service member's deployment health records (DD Forms 2766) or equivalent.

5.7.10. Submit all OEH exposure and incident investigation records via DoD- or Service-specific systems (hard copy or electronic) for further disposition and archiving. Ensure unclassified and classified OEH monitoring data and reports are submitted to the ~~Defense Occupational and Environmental Health Readiness System (DOEHRS) data portal~~*Military Exposure Surveillance Library (MESL)*. (See E4.T4. footnotes for handling of classified data.)

5.7.11. Submit medical information related to unanticipated infectious disease or environmental contamination occurrences to the ~~AFMIC~~*NCMI*. Also, provide copies of operational medical reports, which include descriptions and/or assessments of infectious diseases, environmental findings, and medical capability, to the AFMIC.

5.7.12. Submit health-related lessons learned and after-action reports through appropriate channels to either the Service lessons learned centers for Service-specific deployments or to the Joint Center for Lessons Learned for joint deployments.

5.7.13. Use performance management metrics to monitor compliance with the requirements of this Instruction.

5.8. The Secretary of the Army shall:

5.8.1. Ensure the operation and maintenance of the DMSS ~~(maintained at the Army Medical Surveillance Activity (AMSA)~~*(maintained at the AFHSC)*, the DoD Serum Repository, and the ~~DOEHRS data~~ *MESL* according to Reference (s), ~~DoD Directives 4630.05 (Reference (aa)), 8100.01 (Reference (ab)), and 8500.01, (Reference (ac)),~~*DoD Directives 4630.05 (Reference (z), 8000.01 (Reference (aa)), and 8500.01E, (Reference (ab)).* and Deputy Secretary of Defense Memorandum, "Information Technology (IT) Portfolio Management," ~~(Reference (ad))~~*(Reference (ac))*.

5.8.1.1. The DMSS receives DD Forms 2795, 2796, 2900 from the Military Services, and makes individual and Service aggregated data available to the Military Services. The DMSS also makes the data available (read-only) to providers worldwide via Tricare Online.

5.8.1.2. The DMSS provides the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness), the Joint Staff, the COCOMs, and Service components with periodic trend analysis reports for completed DD Forms 2795, 2796, and 2900.

5.8.1.3. The DMSS integrates Tri-Service Reportable Events data from the Services' medical surveillance programs to achieve data comparability and interchange and makes the data available to the Services for further reporting and analyses according to Deputy Assistant Secretary of Defense (Clinical and Program Policy) Memorandum, "Tri-Service Reportable Events Document" ~~(Reference (ae))~~*(Reference (ad))*.

5.8.2. Establish procedures to conduct comprehensive retrospective analyses of relevant OEH exposure and monitoring data, develop area-specific monitoring summaries for permanent and semi-permanent locations in coordination with the COCOMs and the Services, and provide declassified summaries to the DHCC.

5.8.3. Establish procedures to respond to requests and provide the Services and appropriate individuals and organizations with requested deployment medical and OEH surveillance data, analyses, and feedback.

6. PROCEDURES

6.1. Overview. The procedures contained in this Instruction pertain to actions to be taken before, during, and after deployments. For purposes of this Instruction, the fourth definition of deployment in Reference (k) applies. Deployment is defined as:

"The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental United States, intertheater, and intratheater movement legs, staging, and holding areas."

6.2. Health Risk Assessment and Risk Management. Health risk assessments shall be conducted as part of the risk management processes of the Military Services. The risk management process shall be institutionalized and be an inherent part of all deployment health operations (before, during, and after deployment) to address health threats in deployed environments.

6.2.1. Procedures shall be established to ensure health risk assessments and risk management decisions are documented, archived, and periodically reevaluated.

6.2.2. Health risk assessments are conducted to anticipate, identify, and assess health threats; develop controls and countermeasures; make risk decisions; and implement controls to mitigate unavoidable health threats.

6.2.3. Health risk assessments use information from sources such as OEH site assessments, Preliminary Hazard Assessments (PLHAs), industrial hazard assessments, environmental baseline surveys, health surveillance activities, medical intelligence products, lessons learned, and other available data for the deployment area ~~(References (s), (w), and (x))~~*(References (s) and (w))*. At the minimum, consult the Services' deployment health surveillance support hubs such as the ~~Air Force Institute for Operational Health~~*United States Air Force School of Aerospace Medicine*, ~~Navy Environmental Health Center~~*Navy Marine Corps Public Health Center*, and ~~U.S. Army Center for Health Promotion and Preventive Medicine~~*U.S. Army Institute for Public Health* for deployment OEH historical exposure and monitoring data, and mission and site information; AFMIC (via supporting intelligence office or organization) for current intelligence on foreign medical capabilities, infectious disease threats, environmental health risks, toxic industrial chemical threats, and developments in biotechnology and biomedical subjects of military importance; DoD Veterinary Service Activity for food and bottled water sanitation audit information; and the Defense Pest Management Information Analysis Center, for information on animals and plants that may impact the DoD mission. Other sources of information to be considered include the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH).

6.2.4. Health risk communication plans shall be developed as part of the health risk assessment and risk management process before, during, and after deployments.

6.3. Pre-Deployment Phase

6.3.1. Pre-Deployment Health Activities. Pre-deployment health activities are based on DoD and Service policies and the health risk assessments for the joint operations area or area of operations and for the specific deployment location. Pre-deployment health activities are found in Attachment 1 to Enclosure 4.

6.3.1.1. An overall health risk assessment for the joint operations area or area of operations must be accomplished before each deployment to identify the deployment-specific health threats and appropriate protective measures, and determine the content of health risk communication messages and materials, including pre-deployment health threat briefings. Specific health risk countermeasures (e.g., immunizations, prophylactic medications, or personal protective equipment) will be based on the health threats or potential health threats.

6.3.1.2. If the COCOM has not completed a health risk assessment, then the Service component must accomplish it along with its site-specific health risk assessments to identify deployment-specific health threats and determine appropriate protective measures and health risk communications.

6.3.1.3. For outside the Continental United States (OCONUS) deployments greater than 30 days with non-fixed U.S. medical treatment facilities (MTFs), all pre-deployment health activities apply. (See Attachment 1 to Enclosure 4 and Table E4.T1.)

6.3.1.4. For OCONUS deployments of 30 days or less, OCONUS deployments with fixed U.S. MTFs, and continental United States (CONUS) deployments, pre-deployment health activities are based on the health threats identified as part of the health risk assessments as described in paragraph 6.2.3.

6.3.1.5. The following pre-deployment health activities are required for all deployments defined in paragraph 6.3.1.4:

6.3.1.5.1. Administer deployment-specific immunizations, prophylaxis, and other medical countermeasures;

6.3.1.5.2. Prescribe any necessary FHPPPs;

6.3.1.5.3. Issue personal protective equipment as required by occupational specialty or threat to deploying personnel; and

6.3.1.5.4. Conduct health threat briefings whenever health threats are identified and/or protective measures are required.

6.3.2. Additional deployment health activities, as shown in Table E4.T1, are based on the health risk assessments and the decisions of the COCOM commander, Service commander, or commander exercising operational control. Adequate measures must be implemented to provide the necessary level of health protection for deployed personnel.

6.4. Deployment Phase. The deployment phase begins when advanced party or initial cadre personnel arrive into the deployment area.

6.4.1. Deployment Health Activities (During Deployment)

6.4.1.1. For OCONUS deployments greater than 30 days with non-fixed U.S. MTFs, all the deployment health activities apply. (See Table E4.T2.)

6.4.1.2. For OCONUS deployments of 30 days or less, OCONUS deployments with fixed U.S. MTFs, and CONUS deployments, deployment health activities are based on the health threats identified during the deployment (as described in subparagraph 6.4.1.3.), the health risk assessment, and the decisions of the COCOM commander, Service component commander, or commander exercising operational control.

6.4.1.3. Deployment health activities are based on the pre-deployment health risk assessment of the health threats for the joint operations area or area of operations and the specific deployment location and should be updated as the deployment proceeds based on health risk assessments, OEH site assessments, routine, and incident-driven monitoring and sampling, and other health surveillance activities. The minimum deployment health activities are found in Enclosure 4. If health threats increase or can be anticipated to increase during the deployment, commanders should implement additional deployment health activities to ensure personnel are adequately monitored and protected.

6.4.1.4. OEH site assessments, site reconnaissance, and food and water vulnerability assessments are conducted to validate actual or potential health threats, evaluate exposure pathways, and determine courses of action and countermeasures to control or reduce the health threats and protect the health of deployed personnel. See E4.A2 for guidance on conducting OEH activities during the deployment phase. The DoD-approved or Service-approved automated health information management system(s) shall be used to capture OEH monitoring data.

6.4.2. Once-Daily Location Tracking of Personnel. During deployments, a process will be in place to record once-daily individual service member locations. See Enclosure 5 for data and reporting requirements.

6.4.3. Deployment Health Exposure and Monitoring Data Documentation

6.4.3.1. All deployment patient encounters and significant occupational, environmental, and incident exposure data must be documented on an SF 600 or equivalent (electronically, when available). Reports from OEH or CBRN exposure incidents that result in an acute illness or that have the potential to cause latent illness will be included in the patient records of those individuals affected or possibly exposed. File in the deployment health record (DD Form 2766) or equivalent. (See paragraphs E4.A2.6. and E4.A2.7.)

6.4.3.2. Deployment occupational and environmental area monitoring and sampling results must be documented. ~~Submit results via DOEHRS data portal~~*Submit results via MESL* or per DoD- or Service-specific data collection system and Table E4.T4. ~~(See paragraph E4.A2.8.)~~*(See paragraph E4.A2.7.)*

6.5. Post-Deployment Phase

6.5.1. Post-Deployment Health Activities

6.5.1.1. For OCONUS deployments greater than 30 days with non-fixed U.S. MTFs, all the post-deployment health activities apply. (See Table E4.T3.)

6.5.1.2. For OCONUS deployments of 30 days or less, OCONUS deployments with fixed U.S. MTFs, and CONUS deployments, post-deployment health activities are based on the health threats identified during the deployment, the health risk assessment, and the decisions of the combatant commander, Service commander, or commander exercising operational control.

6.5.2. Post-Deployment Health Surveillance

6.5.2.1. Exposure to environmental health threats may have acute, chronic, or latent effects, and, when indicated, long-term medical surveillance should be conducted to detect latent diseases. (Consult References (q) and ~~DoD 6055.5-M (Reference (af))~~*DoD 6055.05-M (Reference (ae))* for guidance.)

6.5.2.2. Health surveillance data are used to document any occurrence of disease or health outcomes due to exposures, conduct epidemiological investigations, determine new prevention strategies and countermeasures for current or future deployments, and develop health risk communication materials.

7. INFORMATION REQUIREMENTS. The health surveillance data collected for the purposes of monitoring the individual and collective health of the military population before, during, and following deployment operations are exempt from licensing, according to subparagraph C4.4.10. of DoD 8910.1-M ~~(Reference (ag))~~*(Reference (af))*.

8. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Website at http://www.dtic.mil/whs/directives.

~~8~~9. EFFECTIVE DATE

This Instruction is effective 120 days from date of signature.

David S. C. Chu
Under Secretary of Defense for
Personnel and Readiness

Enclosures – 5

E1. ENCLOSURE 1

REFERENCES, continued

(e) Under Secretary of Defense for Personnel and Readiness Memorandum, "Improved Occupational and Environmental Health Surveillance Reporting and Archiving," May 29, 2003 (hereby canceled)

(f) ~~DoD Directive 6490.2, "Comprehensive Health Surveillance," October 21, 2004~~*DoD Directive 6490.02E, "Comprehensive Health Surveillance," October 21, 2004*

(g) ~~DoD Directive 6200.4~~*DoD Directive 6200.04*, "Force Health Protection (FHP)," October 9, 2004

(h) DoD Directive 1400.31, "DoD Civilian Work Force Contingency and Emergency Planning and Execution," April 28, 1995

(i) DoD Instruction 1400.32, "DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures," April 24, 1995

(j) DoD Instruction 3020.41, "Contractor Personnel Authorized to Accompany the U.S. Armed Forces," October 3, 2005

(k) Joint Publication 1-02, "DoD Dictionary of Military and Associated Terms," April 12, 2001, as amended through August 31, 2005

(l) DoD Directive 5400.11, "DoD Privacy Program," ~~November 16, 2004~~*May 8, 2007*

(m) ~~DoD Directive 6025.18~~*DoD Instruction 6025.18*, "Privacy of Individually Identifiable Health Information in DoD Health Care Programs," ~~December 19, 2002~~*December 2, 2009*

(n) ~~DoD Directive 8320.2~~*DoD Directive 8320.02*, "Data Sharing in a Net-Centric Department of Defense," December 2, 2004

(o) ~~DoD Directive 5124.2~~*DoD Directive 5124.02*, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," ~~October 31, 1994~~*June 23, 2008*

(p) Section 136 of title 10, United States Code, "Uniform Code of Military Justice"

(q) Assistant Secretary of Defense for Health Affairs, "Policy Memorandum – Implementation of the Post-Deployment Health Clinical Practice Guideline," April 29, 2002[1]

(r) DoD Directive 4715.1E, "Environment, Safety, and Occupational Health (ESOH)," March 19, 2005

(s) DoD Instruction 6055.1, "DoD Safety and Occupational Health (SOH) Program," August 19, 1998

(t) DoD Directive 5134.3, "Director of Defense Research and Engineering (DDR&E)," November 3, 2003

(u) ~~DoD Directive 6420.1, "Armed Forces Medical Intelligence Center, (AFMIC)," October 9, 2004~~*DoD Instruction 6420.01, "Armed Forces Medical Intelligence Center (AFMIC)," March 20, 2009*

(v) General Defense Intelligence Program (GDIP) Directive 006, October 31, 2005

(w) ~~DoD Instruction 6055.5~~*DoD Instruction 6055.05*, "~~Industrial Hygiene and Occupational Health~~*Occupational and Environmental Health (OEH)*," ~~January 10, 1989~~*November 11, 2008*

[1] http://www.ha.osd.mil/policies/2002/02-007.pdf

~~(x) American Society for Testing and Materials (ASTM) International, E 2318-03, "Standard Guide for Environmental Health Site Assessment Process for Military Deployments," December 2003[2]~~

~~(y)~~*(x)* ~~DoD Directive 1241.1~~*DoD Directive 1241.01*, "Reserve Component Medical Care and Incapacitation Pay and Line of Duty Conditions," February 28, 2004

~~(z)~~*(y)* DOD Directive 6400.4 "DoD Veterinary Services Program," August 22, 2003

~~(aa)~~*(z)* ~~DoD Directive 4630.5~~*DoD Directive 4630.05*, "Interoperability and Supportability of Information Technology and National Security Systems," May 5, 2004

~~(ab)~~*(aa)* ~~DoD Directive 8100.1, "Global Information Grid (GIG) Overarching Policy," September 19, 2002~~*DoD Directive 8000.01, "Management of the Department of Defense Information Enterprise," February 10, 2009*

~~(ac)~~*(ab)* DoD Directive ~~8500.1~~*8500.01E*, "Information Assurance *(IA)*," October 24, 2002

~~(ad)~~*(ac)* Deputy Secretary of Defense Memorandum, "Information Technology (IT) Portfolio Management," March 22, 2004[3]

~~(ae)~~*(ad)* ~~Deputy Assistant Secretary of Defense (Clinical and Program Policy) Memorandum, "Tri-Service Reportable Events Document," November 6, 1998~~*Armed Forces Health Surveillance Center Tri-Service Reportable Events Guidelines & Case Definitions," June 2009*[4]

~~(af)~~*(ae)* ~~DoD 6055.5-M, "Occupational Medical Surveillance Manual," May 4, 1998~~*DoD 6055.05-M, "Occupational Medical Examinations and Surveillance Manual," May 2, 2007*

~~(ag)~~*(af)* DoD 8910.1-M, "DoD Procedures for Management of Information Requirements," ~~June 1998~~*June 30, 1998*, authorized by DoD Directive 8910.1, June 11, 1993

~~(ah)~~*(ag)* ~~DoD Directive 6200.2, "Use of Investigational New Drugs for Force Health Protection," August 1, 2000~~*DoD Instruction 6200.02, "Application of Food and Drug Administration (FDA) Rules to Department of Defense Force Health Protection Programs," February 27, 2008*

~~(ai)~~*(ah)* DOD Instruction 6055.12, "~~DOD~~ Hearing Conservation Program *(HCP)*," ~~March 5, 2004~~*December 3, 2010*

~~(aj)~~*(ai)* Under Secretary of Defense for Personnel and Readiness Memorandum, "Department of Defense Deployment Biomonitoring Policy and Approved Bioassays for Depleted Uranium and Lead," February 6, 2004[5]

~~(ak)~~*(aj)* DoD Instruction 6025.19, "Individual Medical Readiness," January 3, 2006

~~(al)~~*(ak)* ~~U.S. Army Center for Health Promotion and Preventive Medicine, Technical Guide 230, "Chemical Exposure Guidelines for Deployed Military Personnel," January 2004~~*U.S. Army Public Health Command (Provisional), Technical Guide 230, "Environmental Health Risk Assessment and Chemical Exposure Guidelines for Deployed Military Personnel," June 2010*[6]

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[2] ~~http://www.astm.org~~

[3] ~~http://www.dtic.mil/whs/directives/corres/memos/itpm.pdf~~*http://www.dtic.mil/whs/directives/corres/pdf/dsd040322it.pdf*

[4] http://www.ha.osd.mil/policies/1998/TriService_Reportable_Events_Document.pdf

[5] http://www.ha.osd.mil/policies/2004/04-004.pdf

[6] ~~http://chppm-www.apgea.army.mil/documents/TG/TECHGUID/TG230.pdf~~*http://phc.amedd.army.mil/PHC%20Resource%20Library/TG230.pdf*

~~(am)~~*(al)* ~~DoD Instruction 4150.7, "DoD Pest Management Program," April 22, 1996~~*DoD Instruction 4150.07, "DoD Pest Management Program," May 29, 2008*

E2. ENCLOSURE 2

DEFINITIONS

E2.1. Battle Injury (BI). Damage or harm sustained by personnel during or because of battle conditions.

E2.2. Bioassay. A specific biomonitoring method to assess biological specimens for changes resulting from exposure to materials foreign to the body or detect parent compounds or the metabolites of exposure agents.

E2.3. Biomonitoring. The assessment of individual exposures to various substances, especially harmful chemicals, by measuring the parent compound or its metabolites in biological media (e.g., blood, urine, hair, and breath) of exposed personnel or detecting other changes in biological specimens.

E2.4. Chemical, Biological, Radiological, and Nuclear (CBRN) agents. For the purposes of this Instruction, specific warfare agents that pose health threats such as toxic chemicals intended for use in military operations; microorganisms that cause disease in personnel, plants, or animals or causes the deterioration of material; toxins; or agents that emit radiation, generally alpha or beta particles, often accompanied by gamma rays, from the nuclei of an unstable isotope.

E2.5. Deployment Health Activities. The regular collection, analysis, archiving, interpretation, and distribution of health-related data used for monitoring the health of individuals or a deployed population, and for intervening in a timely manner to prevent, treat, or control the occurrence of disease or injury. It includes OEH and medical surveillance subcomponents.

E2.6. Disease and Non-Battle Injury (DNBI). Injury or degradation of functional capability sustained by personnel and caused by factors other than those directly attributed to enemy action.

E2.7. Exposure. Human contact due to a completed exposure pathway with a hazardous or potentially hazardous chemical, physical, or biological agent. Exposure may be short-term, of intermediate duration, or long-term. Assessment of individual health risk is dependent on the exposure concentration (how much), the frequency and duration of exposure (how long), and the multiplicity of exposures with other similar exposure agents.

E2.8. Exposure Pathway. Occurs when five elements: source of contamination, environmental media and transport mechanism, point of exposure, route of exposure, and receptor population link the contaminant source to the receptor population by inhalation, dermal contact, or ingestion. If a completed or potentially completed exposure pathway exists, the receptor population is considered at risk for exposure.

E2.9. Food and Water Vulnerability Assessments. Assessments of the susceptibility of food and water (from the point of manufacture/packaging, through distribution, storage, preparation, and serving), including ice and bottled water supplies, to natural or intentional contamination or destruction including terrorist attacks.

E2.10. FHPPPs. Certain drugs, vaccines, and other medical products useful for protecting the health of deployed personnel that may be used only under a physician's prescription. Examples of such products are atropine and/or 2-Pam chloride auto-injectors, certain antimicrobials, antimalarials, and pyridostigmine bromide. The use of investigational new drugs for force health protection must be prescribed according to ~~DoD Directive 6200.2, "Use of Investigational New Drugs for Force Health Protection," (Reference (ah))~~*DoD Instruction 6200.02 (Reference (ag))*. (See subparagraph E4.A1.1.3.)

E2.11. Health Risk Communications. The timely process of effectively communicating the nature of health and safety hazards and risks (probability and severity), their countermeasures, health outcomes, necessary medical follow-up, and other health-related information to commanders, service members, family members, and others in an honest and understandable manner that fosters trust.

E2.12. Health Risk Communications Plan. A document that specifies the means of delivery and development of key messages on deployment health and safety threats and risks (including actual and potential exposures), associated countermeasures, and any necessary medical follow-up for deployed personnel. (See paragraph E2.11.)

E2.13. Health Surveillance. The regular or repeated collection, analysis, and interpretation of health-related data and the dissemination of information to monitor the health of a population and to identify potential health risks, thereby enabling timely interventions to prevent, treat, reduce, or control disease and injury. It includes occupational and environmental health surveillance and medical surveillance subcomponents.

E2.14. Health Threat and Countermeasures Briefing. A health briefing to deploying Service members, government civilians, and contractors deploying with the force that identifies potential health and safety hazards, including operational stress, hazardous and nuisance noise, and endemic diseases expected to be encountered during or as a result of the deployment; identifies countermeasures to be used to reduce risks; and reinforces safety, health, and field hygiene and sanitation procedures. The briefing addresses topics such as endemic diseases, hazardous plants and animals, entomological hazards, CBRN agents, toxic industrial chemicals and materials (agricultural and industrial), deployment-related stress, and climatic or environmental extremes (e.g., heat, cold, high altitude, wind-blown sand and/or other particulates).

E2.15. Occupational and Environmental Health Site Assessment. Documents the OEH conditions found at a site (base camp, bivouac site or outpost, or other permanent or semi-permanent basing location) beginning at or near the time it is first occupied. The assessment, done by Service preventive medicine personnel, includes site history; environmental health survey results for air, water, soil, and noise; entomological surveys; occupational and industrial hygiene surveys; and ionizing and non-ionizing radiation hazard surveys, if indicated. Its purpose is to identify hazardous exposure agents with complete or potentially complete exposure pathways that may affect the health of deployed personnel.

E2.16. Occupational and Environmental Health Activities. The regular collection, analysis, archiving, interpretation, and dissemination of OEH-related data for the purposes of monitoring

the health of or potential health hazard impact on a population or an individual, and for intervening in a timely manner to prevent, treat, or control the occurrence of disease or injury, and to assess the effectiveness of controls.

E2.17. Population at Risk. The deployed population or a subset of the deployed population that is at risk of experiencing an event or being exposed to the health threat during a specified period and at a specified location.

E2.18. Preliminary Hazard Assessment (PLHA). For the purposes of this Instruction, PLHA is the process of reviewing relevant intelligence data, past hazard assessments, and/or other available pre-deployment data for the area of deployment to identify potential OEH threats to deploying personnel.

E2.19. Toxic Industrial Chemicals and Materials. For the purposes of this Instruction, any chemicals or materials used or produced in an industrial process (raw material, final products, or byproducts, including solid and liquid wastes and air pollutants) that pose a health hazard due to their toxic properties. Exposure may occur due to normal industrial operations of the facility, hazardous waste accumulation, accidental release, or because of conflict or terrorist actions.

E3. ENCLOSURE 3

ACRONYMS

AFHSC	*Armed Forces Health Surveillance Center*
~~AFMIC~~	~~Armed Forces Medical Intelligence Center~~
~~AMSA~~	~~Army Medical Surveillance Activity~~
ASTM	American Society for Testing and Materials
CBRN	Chemical, Biological, Radiological, and Nuclear
COCOM	Combatant Command
CONUS	continental United States
DI	*Disease and Injury*
DIA	Defense Intelligence Agency
DHCC	Deployment Health Clinical Center
DMDC	Defense Manpower Data Center
DMSS	Defense Medical Surveillance System
~~DNBI~~	~~Disease and Non-Battle Injury~~
DoD	Department of Defense
DOEHRS	Defense Occupational and Environmental Health Readiness System
FHPPP	Force Health Protection Prescription Product
G6PD	Glucose-6-Phosphate Dehydrogenase
HIV	Human Immunodeficiency Virus
LOD	Line of Duty
MCC	Monitored Command Code
MEG	Military Exposure Guideline
MESL	*Military Exposure Surveillance Library*
MTF	Medical Treatment Facility
NCMI	*National Center for Medical Intelligence*
NLT	not later than
OCONUS	outside the continental United States
OEH	Occupational and Environmental Health
OEHS	Occupational and Environmental Health Surveillance
PAS	Personnel Accounting System
~~PDHCPG~~*PDH-CPG*	Post-Deployment Health Clinical Practice Guideline
PLHA	Preliminary Hazard Assessment
RUC	Reporting Unit Code
UIC	Unit Identification Code
U.S.	United States
USD(P&R)	Under Secretary of Defense (Personnel and Readiness)

E4. ENCLOSURE 4

DEPLOYMENT HEALTH ACTIVITIES

Deployment health activities will be conducted according to the Deployment Health Activities Tables (E4.T1, E4.T2, and E4.T3) and based on a comprehensive health risk assessment of deployment health threats.

Attachments – 3

E4.A1. Pre-Deployment Health Activities

E4.A2. Deployment Health Activities During a Deployment

E4.A3. Post-Deployment Health Activities

E4.A1. ATTACHMENT 1 TO ENCLOSURE 4

PRE-DEPLOYMENT HEALTH ACTIVITIES

E4.A1.1. Pre-Deployment Health Activities. The following describes the pre-deployment health activities shown in Table E4.T1. Except for OCONUS deployments greater than 30 days with non-fixed U.S. medical treatment facilities (MTFs), not all pre-deployment health activities may apply. Pre-deployment health activities are based on the deployment type or commander's decision, DoD and Service policies, and the health risk assessments for the joint operations area, area of operations, or for the specific deployment location.

E4.A1.1.1. Pre-Deployment Health Assessment (DD Form 2795). Internet forms may be locally reproduced. Blank forms are available for download at ~~http://amsa.army.mil~~*http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2795.pdf*; however, electronic submission to DMSS is required.

E4.A1.1.1.1. A DD Form 2795 must be completed or the previous DD Form 2795 must be confirmed as current within 60 days prior to the expected deployment date.

E4.A1.1.1.2. Following completion of the DD Form 2795, it must be immediately reviewed by a health care provider. For this purpose, the provider must be a nurse, medical technician, medic, or corpsman. A positive response to questions 2, 3, 4, 7, or 8 requires referral to a trained health care provider (physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, independent duty medical technician, or Special Forces medical sergeant).

E4.A1.1.1.3. The original of the completed DD Form 2795 must be placed in the deploying individual's permanent medical record, with a copy included in the individual's deployment health record. Copies are required to be submitted electronically to DMSS. Services may require submission to DMSS via their surveillance hubs.

E4.A1.1.2. Deployment-Specific or Occupationally Related Immunizations, Chemical Prophylaxis, or Other Medical Countermeasures, or Protective Measures. These are based on DoD (Health Affairs, Joint Staff, or COCOM) or Service policies and upon the deployment health risk assessment. When prophylaxis, other medical countermeasures, or protective measures are required, they must be made available to personnel, and personnel must be trained on their use.

E4.A1.1.3. FHPPPs. All FHPPPs shall be provided or issued under prescription by qualified personnel who have been instructed on the exclusion criteria (i.e., contraindications or those who are not required to take the medication for medical reasons) and other medical guidance applicable to the products.

E4.A1.1.3.1. Prescriptions shall describe:

E4.A1.1.3.1.1. Categories of Service members and other individuals who are required and/or eligible to receive an FHPPP;

E4.A1.1.3.1.2. Exclusion criteria for identifying individuals who for medical reasons are not required and/or eligible to receive an FHPPP;

E4.A1.1.3.1.3. Appropriate dosing information, including start and stop dates or events;

E4.A1.1.3.1.4. Any applicable storage, shipment, and maintenance requirements; and

E4.A1.1.3.1.5. Any other appropriate requirements or guidance pertaining to proper use of the products.

E4.A1.1.3.2. Any necessary medical screening and appropriate training and education shall be performed and documented.

E4.A1.1.3.3. The provision or issuance of FHPPP shall be documented in medical records of the individuals receiving the FHPPP.

E4.A1.1.3.4. Health care providers shall record serious adverse events in medical records and shall report serious adverse events to the Adverse Events Reporting System of the Department of Health and Human Services using the Food and Drug Administration MEDWATCH or Vaccine Adverse Event Reporting System procedures and forms. (For the Investigational New Drugs policy, see ~~(Reference (ah))~~*(Reference (ag))*.

E4.A1.1.4. Pre-Deployment Tuberculosis Screening. Tuberculosis screening shall be based on the potential of a high-risk exposure to tuberculosis or per COCOM or Service component policy.

E4.A1.1.5. Occupational Personal Protective Equipment or Respiratory Protection. Where occupational personal or respiratory protective equipment or monitoring devices (e.g., thermo luminescent dosimeter (TLD badge)) are required for performing specific tasks in a safe manner while deployed, personnel must be trained on the use of this equipment. If required to use a respirator, they must be medically evaluated to wear a respirator and their fit-test must be current, as appropriate, per Service-specific guidelines. Additionally, personnel must be trained per Service-specific guidance and Reference (s) in the hazards associated with their jobs in the deployed environment including hazardous noise per Service-specific policies and DoDI 6055.12 ~~(Reference (ai))~~*(Reference (ah))*.

E4.A1.1.6. Pre-Deployment Serum Specimen. Pre-deployment serum specimens, when required (See Table E4.T1), must be collected within one year of deployment. The most recent serum sample, including a post-deployment serum sample or Human Immunodeficiency Virus (HIV) sample (see paragraph E4.A1.1.7), collected within the previous 365 days may serve as a pre-deployment serum sample. Serum samples shall be forwarded to the DoD Serum Repository according to Service policies. Individuals must be informed if their pre-deployment serum sample will be tested for HIV.

E4.A1.1.7. Human Immunodeficiency Virus (HIV). Pre-deployment HIV tests, when required (See Table E4.T1), must be collected within 2 years of deployment (or earlier based on

country entry requirements). Human Immunodeficiency Virus serum samples that are not more that 12 months old, stored in the DoD Serum Repository satisfy the pre-deployment specimen requirement.

E4.A1.1.8. Biomonitoring. The need for biomonitoring will be based on the deployment health threats, possible exposures, and available bioassays. ~~Use Reference (af) or the approved DoD Deployment Bioassay Guidelines per Reference (aj)~~*Use Reference (ae) or the approved DoD Deployment Bioassay Guidelines per the Under Secretary of Defense for Personnel and Readiness Memorandum (Reference (ai))*, as appropriate.

E4.A1.1.9. Prescription medications. A minimum 90-day supply of prescription medications, other than FHPPPs, is required for all deployments, unless otherwise directed by COCOM or Service component guidance.

E4.A1.2. Correction of Individual Medical Readiness Deficiencies. All individual medical readiness deficiencies and deployment-specific health readiness deficiencies should be corrected before deployment and documented in the Service's electronic tracking system for individual medical readiness requirements according to DoD Instruction 6025.19 ~~(Reference (ak))~~*(Reference (aj))*.

E4.A1.3. Deployment Health Record. The current deployment health record (DD Form 2766 or equivalent) for each deploying individual must reflect:

E4.A1.3.1. Blood type/Rh factor;

E4.A1.3.2. Prescribed medications and/or allergies;

E4.A1.3.3. Corrective lens prescription;

E4.A1.3.4. All immunizations recorded in the Services' electronic immunization tracking database and the patient deployment health record (this may be accomplished using a computer-generated record). The following information must be included: type of immunization, date administered, dose, and vaccine administrator identifying information such as their initials;

E4.A1.3.5. Completed DD Form 2795, when required; and

E4.A1.3.6. Medical summary sheet identifying past and current medical conditions and screening tests.

E4.A1.4. Pre-Deployment Occupational and Environmental Health (OEH) Site Assessments. Preliminary Hazard Assessments (PLHAs) should be accomplished as part of the OEH site assessment as early as possible to identify and quantify OEH threats and to determine the scope of deployment health activities. Countermeasures or risk control actions should be determined based on the identified OEH threats as part of the overall operational planning process. Submit reports per Table E4.T4., "Deployment OEH Reports and Data Submission Frequencies."

E4.A1.4.1. Documentation. Document the collection of other relevant information for all pre-selected critical operating locations (aerial ports, seaports, and key land areas) identified

during planning. ~~Submit completed PLHAs to the DOEHRS data portal~~*Submit completed PLHAs to the MESL*.

E4.A1.4.2. Resources. Medical resources required for OEHS and other deployment health activities during all phases of the deployment should be identified during the planning process. These activities should be merged into operational staffing requirements.

E4.A1.5. Health Threat and Countermeasures Briefings. Use data from the PLHA and other relevant information to develop comprehensive pre-deployment health threat briefings and health risk communication messages and materials. Provide health threats and countermeasure information to deploying personnel.

E4.A1.6. Health Risk Communication Plans. Health risk communication plans are developed and implemented to provide commanders and personnel with appropriate health risk communications (written and oral) for health threats and countermeasures before, during, and after deployment.

E4.A1.7. Deployment Health Surveillance Plan. Identify the process and the resources needed for the regular collection, analysis, archiving, interpretation, and distribution of health-related data used to monitor the health of a deployed population, and to intervene in a timely manner to prevent, treat, or control the occurrence of disease or injury. A deployment OEHS sampling plan must be established for each site to be assessed.

E4.A2. ATTACHMENT 2 TO ENCLOSURE 4

DURING DEPLOYMENT HEALTH ACTIVITIES

E4.A2.1. Deployment Health Activities. The following describes the health activities conducted during deployments as shown in Table E4.T2.

E4.A2.2. Validation of the Health Risk Assessment. Based on the PLHAs and any OEH site assessments conducted during the planning process, the COCOM and Service component commanders shall ensure the capability to conduct the activities addressed in this Instruction. The OEHS data shall be collected and archived in ~~DOEHRS data~~ *MESL* for linking deployed units and personnel with health outcome data, thus enabling the identification of cohorts of similarly exposed personnel. A DoD- or Service-approved automated health information management system shall be used to capture OEHS monitoring data. Submit completed reports per Table E4.T4.

E4.A2.3. Health Risk Communication Plans. Health risk communication plans are implemented to provide commanders and deployed personnel with appropriate health risk communications (written and oral) for the deployment health threats and countermeasures and the need for any medical follow-up.

E4.A2.4. Health Surveillance. The ~~DNBI and battle injury~~*DI* rates must be reviewed daily to detect potential adverse health trends or exposures, assess countermeasure effectiveness, and recommend enhanced preventive measures. Conduct biomonitoring, as required. Occupational, environmental, and CBRN sampling and monitoring data, food and water sanitation audits, and ~~DNBI~~*DI* data must be reviewed to identify potential OEH and CBRN exposures and detect any trends of concern. Coordination will be made with safety officers and safety and occupational health specialists for information sharing on trends to implement intervention strategies and reduce injury rates. Suspected and confirmed Tri-Service Reportable Medical Events must be reported to COCOM or Service component via currently approved and available electronic data collection and transmission devices.

E4.A2.5. Exposure Incident Investigations. Exposure incidents should be investigated and assessed promptly.

E4.A2.5.1. An OEH Exposure Incident Report must be created and submitted per Table E4.T4 for all OEH or CBRN exposure incidents that result in an acute illness or that have the potential to cause latent illness.

E4.A2.5.2. The OEH Exposure Incident Report must include:

E4.A2.5.2.1. Unit rosters of all personnel involved (affected or possibly exposed);

E4.A2.5.2.2. Acute or known/anticipated latent health outcomes and any medical follow-up required (additional guidance for medical follow-up is found in References (af) and (aj));

E4.A2.5.2.3. Documentation of personal protective equipment or countermeasures used, effectiveness of and compliance with countermeasures, and any other exposure incident response activities;

E4.A2.5.2.4. Results of environmental monitoring; and

E4.A2.5.2.5. Attachment or description of any health risk communication materials provided to health care providers, patients, or the population at risk.

E4.A2.6. Patient Encounters. Copies of all inpatient and original outpatient medical encounter documentation (including medical treatment records provided to deployed personnel by allies and coalition partners of the United States) must be incorporated into the deployment health record (DD Form 2766) or equivalent.

E4.A2.7. Documentation of OEH Monitoring Data. Document periodic occupational and environmental monitoring summaries on an SF 600 for each permanent or semi-permanent basing location and update at least annually. File the occupational and environmental monitoring summaries in the medical records of each individual for which the exposure applies or archive the summaries so that they are readily available electronically to health care providers and redeployed personnel. The OEH monitoring summaries will provide monitoring results, estimated personnel exposures, assessment on whether estimated exposures are acceptable or unacceptable, and the criteria used for the estimate (i.e., above or below Military Exposure Guidelines (MEGs) according to ~~Army Technical Guide 230 (Reference (al))~~*USAPHC Technical Guide 230 (Reference (ak))*, along with any anticipated acute, chronic, or latent health effects. The summaries will also include references to monitoring data that indicates little or no health risks associated with ambient monitoring conditions falling below the MEGs.

E4.A3. ATTACHMENT 3 TO ENCLOSURE 4

POST-DEPLOYMENT HEALTH ACTIVITIES

E4.A3.1. Post-Deployment Health Activities. The following describes the post-deployment health activities shown in Table E4.T3.

E4.A3.2. Except for OCONUS deployments greater than 30 days with non-fixed U.S. medical treatment facilities (MTFs), not all post-deployment health activities may apply. Post-deployment health activities are based on the deployment type or commander's decision, DoD and Service policies, and actual or potential health threats encountered during deployment.

E4.A3.2.1. Post-Deployment Health Assessment

E4.A3.2.1.1. The DD Form 2796 is required if a DD Form 2795 was required during the pre-deployment phase or per the decision of the COCOM commander, Service component commander, or commander exercising operational control if any health threats evolved or exposures (OEH or CBRN) occurred during the deployment that warrant medical assessment or follow-up.

E4.A3.2.1.2. When required (see Table E4.T3), the DD Form 2796 should be completed as close to the redeployment date as possible, but not earlier than 30 days before the expected redeployment date and not later than (NLT) 30 days after redeployment, and for Reserve Component members, before they are released from active duty.

E4.A3.2.1.3. The original of the completed DD Form 2796 must be placed in the deployed individual's permanent medical record. Submit copies of the completed DD Forms 2796 electronically to the DMSS. Services may require submission of the forms to DMSS via their surveillance hubs.

E4.A3.2.2. Face-to-Face Health Assessment. Each returning individual who requires a DD Form 2796 must be scheduled for a face-to-face health assessment with a trained health care provider (physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, independent duty medical technician, or Special Forces medical sergeant) during in-theater medical out-processing or within 30 days after returning to home or processing station. The assessment will include a discussion of:

E4.A3.2.2.1. The individual's responses to the health assessment questions on the DD Form 2796;

E4.A3.2.2.2. Mental health or psychosocial issues commonly associated with deployments;

E4.A3.2.2.3. FHPPPs taken during the deployment; and

E4.A3.2.2.4. Concerns about possible environmental or occupational exposures.

E4.A3.2.3. Medical Referrals. Each individual with indicated health referrals or concerns shall meet with a trained health care provider for evaluation of deployment-related health issues using the tools and protocols of the ~~Post-Deployment Health Clinical Practice Guideline (PDHCPG). (See http://www.pdhealth.mil)~~*Post-Deployment Health Clinical Practice Guideline (PDH-CPG). (See http://www.pdhealth.mil/guidelines/default.asp).* This evaluation shall ideally be conducted by the individual's primary care manager or team (or other authorized provider) and will be documented using the ~~PDHCPG~~*PDH-CPG* diagnostic International Classification of Diseases code V70.5_6 in the DoD electronic patient medical record or other automated patient-tracking program.

E4.A3.2.4. Medical Follow-up

E4.A3.2.4.1. Post-Deployment Health Clinical Practice Guideline. Positive responses require the use of supplemental assessment tools and/or referrals for medical consultation. The provider shall document concerns and referral needs and discuss resources available to help resolve any post-deployment health issues, based on the DoD guidance in the PDHCPG.

E4.A3.2.5. Post-Deployment Follow-Up for Reserve Component Members

E4.A3.2.5.1. Reserve Component members returning from a deployment, who require a more detailed medical evaluation or treatment may, with the member's consent, be kept on active duty until they are fit for duty or processed through the Disability Evaluation System. The member may request to be released from active duty before completing the Line of Duty (LOD) medical treatment and possible Disability Evaluation System processing. A Reserve Component member who is subsequently released from active duty before resolution of an LOD health condition is still entitled to treatment through the military health care system and processing for LOD condition through the Disability Evaluation System, if warranted. Once the member is released from active duty and returned to his/her Reserve unit, LOD care and follow through of the Disability Evaluation System, if required, will be coordinated with the member's unit of assignment. Ensure Reserve Component personnel are made aware of how to access follow-up care for Service-connected health issues.

E4.A3.2.5.2. All Reserve Component members, before release from active duty, shall:

E4.A3.2.5.2.1. Maintain copies of the DD Form 214, "Certificate of Release of Discharge from Active Duty" (once received); the DD Form 2697, "Report of Medical Assessment," and the DD Form 2796.

E4.A3.2.5.2.2. Maintain copies of any documentation of deployment health care encounters filed in their permanent medical record.

E4.A3.2.6. Integration of Medical and Exposure Documentation. Integrate the DD Forms 2766 and copies of the DD Forms 2795 and 2796, documentation of theater inpatient and outpatient health care encounters, environmental and occupational exposure summaries (SF 600), and incident documentation with the individuals' permanent medical health records within 30 days of redeployed personnel returning to a demobilization site or home station. For Reserve Component members, these records should be returned to the medical record custodian at the member's Reserve unit of assignment.

E4.A3.2.7. Post-Deployment Tuberculosis Screening. Tuberculosis screening shall be based on the potential of a high-risk exposure to tuberculosis or per COCOM or Service component policy.

E4.A3.2.8. Post-Deployment Serum Specimens. As part of the redeployment process, when required, a serum sample shall be obtained from each individual no later than 30 days after arrival at the demobilization site, home station, or in-patient medical treatment facility (preferably during the face-to-face health assessment) and forwarded to the DoD Serum Repository using the existing trans-shipment centers. Serum samples for personnel separating from active duty, including Reserve Component members who are demobilizing, should be obtained during demobilization. Individuals must be informed if the post-deployment serum sample will be tested for HIV.

E4.A3.2.9. Biomonitoring. The need for biomonitoring will be based on the deployment health threats, possible exposures, and available bioassays. Use References (af) and/or (aj), as appropriate.

E4.A3.2.10. Post-Deployment Health Debriefings and Risk Communications. A health threat de-briefing must be provided to redeploying or redeployed DoD personnel during in-theater medical out-processing or following a deployment. Post-deployment health debriefings inform personnel of any health-related medical, occupational, environmental, or CBRN exposures that they may have experienced; address individual concerns and information about required medical follow-up; and help personnel reintegrate and adjust back to routine activities following a deployment.

E4.A3.2.11. Post-Deployment Medical Surveillance. Appropriate medical surveillance should be conducted to detect emerging (latent) health conditions on redeployed personnel. (See References (af) and (aj).)

E4.A3.2.12. Post-Deployment Health Reassessment (DD Form 2900). Complete DD Forms 2900, "Post-Deployment Health Reassessment (PDHRA)," when required. A DD Form 2900 will be administered to each redeployed individual within 90 to 180 days after return to home station from a deployment that required completion of a post-deployment health assessment. For individuals who received wounds or injuries that required hospitalization or extended treatment before returning to home station, the reassessment will be administered 90 to 180 days following their return home. After the DD Form 2900 is completed, a trained health care provider will discuss health concerns indicated on the form and determine if referrals are required. Educate individuals on post-deployment health readjustment issues and provide information on resources available for assistance. The original of the completed DD Form 2900 must be placed in the deployed individual's permanent medical record. Submit copies of the completed DD Forms 2900 electronically to the DMSS. Services may require submission of the forms to DMSS via their surveillance hubs.

E4.A3.2.13. Post-Deployment OEH Activities. Submit any remaining OEH reports and raw data including monitoring and sampling results for air, water, soil, and noise; vector surveillance; toxic industrial chemicals or materials; and veterinary public health including food safety data

that were not submitted previously to ~~DOEHRS data portal~~*MESL* for archiving. (See Table E4.T4.)

E4.A3.2.13.1. Ensure all OEH sample results are analyzed for the potential medical follow-up and to contribute to lessons learned and future operational reports.

E4.A3.2.13.2. Medical follow-up must be appropriately documented to address OEH concerns related to the review of responses on the DD Form 2796 in the health record.

E4.A3.2.13.3. OEH surveillance-related lessons learned and after-action reports shall be developed and forwarded according to paragraph 5.6.11. and Table E4.T4.

Table E4.T1. Pre-Deployment Health Activities

Pre-Deployment Health Activities (E4.A1.1.)	**Responsibility (Paragraph)**	**All OCONUS Deployments > 30 Days with Non-Fixed MTFs**	**All OCONUS Deployments ≤ 30 Days, OCONUS Deployments with Fixed U.S. MTFs, and CONUS Deployments**
Complete or confirm as current Pre-Deployment Health Assessments (DD Forms 2795) within 60 days of expected deployment date. (E4.A1.1.1.)	5.5.7	X	C*
Administer deployment-specific or occupational-related immunizations, prophylaxis, and any medical countermeasures or protective measures, as indicated. (E4.A1.1.2.)	5.5.7; 5.5.11	X	X
Prescribe FHPPPs, as indicated. (E4.A1.1.3.)	5.5.9	X	X
Perform pre-deployment tuberculosis screening. (E4.A1.1.4.)	5.5.7	P	P
Issue occupational personal protective equipment (e.g., hearing or industrial respiratory protection) and monitoring devices (e.g., thermo luminescent dosimeter (TLD badge)) as required by occupational specialty of personnel. (E4.A1.1.5.)	5.5.8	X	X
Draw pre-deployment serum specimens. (E4.A1.1.6.)	5.5.7	X	C
Conduct Human Immunodeficiency Virus (HIV) testing (or as required for HIV threat or country requirements). (E4.A1.1.7.)	5.5.7	X	C
Establish biomonitoring baselines as required for potentially at-risk personnel. (E4.A1.1.8.)	5.5.7	X	C
Prescribe minimum 90-day supply of prescription medications other than FHPPPs. (E4.A1.1.9.)	5.5.7	X	C
Update medical records and deployment health records (DD Forms 2766). (E4.A1.3.)	5.5.3; 5.5.11	X	C

Table E4.T1. Pre-Deployment Health Activities, cont.

Pre-Deployment Health Activities (E4.A1.1.)	**Responsibility (Paragraph)**	**All OCONUS Deployments > 30 Days with Non-Fixed MTFs**	**All OCONUS Deployments ≤ 30 Days, OCONUS Deployments with Fixed U.S. MTFs, and CONUS Deployments**
Conduct pre-deployment occupational and environmental health site assessments including health risk assessments. (E4.A1.4.)	5.5.3	X	C
Conduct health threat briefings whenever health threats are identified and/or countermeasures are required. (E4.A1.5.)	5.5.8	X	X
Develop and implement health risk communication plan. (E4.A1.6.)	5.5.6	X	C*
Develop deployment health surveillance plan. (E4.A1.7.)	5.5.2	X	C*

NOTES: X=Required; C=Commanders' Decision (commanders of the COCOMs, Service component commanders or commanders exercising operational control); P=Based on potential of high-risk exposure or per COCOM or Service component policy

* Items with asterisks are highly recommended for deployments with health threats that have an extremely high or high-risk estimate, but may depend on whether the appropriate supporting medical assets are deployed. For Special Operations Forces and very short deployments, it may not be feasible to fulfill required activities.

Table E4.T2. During Deployment Health Activities

During Deployment Health Activities (E4.A2.1.)	**Responsibility (Paragraph)**	**All OCONUS Deployments > 30 Days with Non-Fixed MTFs**	**All OCONUS Deployments ≤ 30 Days, OCONUS Deployments with Fixed U.S. MTFs, and CONUS Deployments**
Conduct and validate health risk assessment. (E4.A2.2.)	5.5.3; 5.7.3	X	C
Conduct OEH site assessments. (E4.A2.2.)	5.5.3; 5.7.3	X	X*
Implement health risk communication plans. (E4.A2.3.)	5.5.6; 5.7.5	X	C*
Perform health surveillance activities to detect trends in the health of deployed personnel or identify health conditions (includes DNBI and biomonitoring, when required). (E4.A2.4.)	5.5.5; 5.5.19; 5.7.7; 5.7.8	X	C*
Conduct food and water sanitation audits of local food manufacturing sites. (E4.A2.4.)	5.7.4	X	C
Investigate, report, and document all OEH and CBRN exposure incidents. (E4.A2.5.)	5.5.14; 5.7.10	X	C*
Document patient encounters. (E4.A2.6.)	5.5.13; 5.7.9	X	X*
Document OEH monitoring data summaries on the SF 600, file in the deployment health record (DD Form 2766) or equivalent. (E4.A2.7.)	5.7.7	X	C*

NOTES: X=Required; C=Commanders' Decision (commanders of the COCOMs, Service component commanders or commanders exercising operational control); P=Based on potential of high-risk exposure or per COCOM or Service Component policy

* Items with asterisks are highly recommended for deployments with health threats that have an extremely high or high-risk estimate, but may depend on whether the appropriate supporting medical assets are deployed. For Special Operations Forces and very short deployments, it may not be feasible to fulfill required activities.

Table E4.T3. Post-Deployment Health Activities

Post-Deployment Health Activities (E4.A3.1.)	**Responsibility (Paragraph)**	**All OCONUS Deployments > 30 Days with Non-Fixed MTFs**	**All OCONUS Deployments ≤ 30 Days, OCONUS Deployments with Fixed U.S. MTFs, and CONUS Deployments**
Complete Post-Deployment Health Assessments (DD Forms 2796) as close to the redeployment date as possible, but not earlier than 30 days before the expected redeployment date and NLT 30 days after redeployment, and for Reserve Component members, before they are released from active duty. (E4.A3.2.1.)	5.5.16	X	C*
Accomplish face-to-face health assessments, scheduled NLT 30 days, with redeploying service members and trained health care providers (only required when a DD Form 2796 is completed). (E4.A3.2.2.)	5.5.16	X	C*
Ensure medical referrals and follow-up medical visits for deployment-related medical concerns and issues are accomplished. (E4.A3.2.3., E4.A3.2.4, and E4.A3.2.5.)	5.5.16	X	C*
Integrate all medical encounter documentation into the medical record. (E4.A3.2.6.)	5.5.13	X	X
Perform post-deployment tuberculosis screening. (E4.A3.2.7.)	5.5.16	P	P
Draw post-deployment serum samples (only done if pre-deployment serum sample was required). (E4.A3.2.8.)	5.5.16	X	C*
Perform biomonitoring, when indicated. (E4.A3.2.9.)	5.5.16	X	C
Conduct post-deployment health debriefings and risk communications. (E4.A3.2.10.)	5.5.18	X	C*
Ensure medical surveillance is in place to identify post-deployment health problems. (E4.A3.2.11.)	5.5.19	X	C

Table E4.T3. Post-Deployment Health Activities, cont.

Post-Deployment Health Activities (E4.A3.1.)	**Responsibility (Paragraph)**	**All OCONUS Deployments > 30 Days with Non-Fixed MTFs**	**All OCONUS Deployments ≤ 30 Days, OCONUS Deployments with Fixed U.S. MTFs, and CONUS Deployments**
Complete Post-Deployment Health Reassessments (DD Forms 2900), if required, 90 to 180 days after return to home station from deployment. (E4.A3.2.12.)	5.5.21	X	C
Ensure all OEHS monitoring data and reports have been submitted to the ~~DOEHRS data~~ *MESL* and the health surveillance data and reports to the ~~Army Medical Surveillance Activity~~*Armed Forces Health Surveillance Center*. (E4.A3.2.13.)	5.5.7; 5.5.14; 5.7.10	X	C
NOTES: X=Required; C=Commanders' Decision (commanders of the COCOMs, Service component commanders or commanders exercising operational control); P=Based on potential of high-risk exposure or per COCOM or Service component policy * Items with asterisks are highly recommended for deployments with health threats that have an extremely high or high-risk estimate, but may depend on whether the appropriate supporting medical assets are deployed. For Special Operations Forces and very short deployments, it may not be feasible to fulfill required activities.			

Table E4.T4. Deployment OEH Reports and Data Submission Frequencies

Required OEH Reports and/or Data Submissions	**COCOMs or Service Components Submit to the ~~DOEHRS data portal~~*MESL*[1]:**

[1] The ~~DOEHRS data portal is maintained and operated by USACHPPM~~*Military Exposure Surveillance Library (ESL) is maintained and operated by USAPHC*. For submission of unclassified OEH data and reports, users should go to ~~doehrswww.apgea.army.mil/doehrs-oehs/~~*https://mesl.apgea.army.mil/mesl/* to establish an account. Unclassified data may also be submitted via email to ~~oehs@apg.amedd.arm.mil~~*oehs@apg.amedd.army.mil*. ~~Classified data and reports should be submitted to oehs@usachppm.arm.smil.mil~~*Classified data and reports should be submitted to oehs@usachppm.army.smil.mil*.

Baseline OEH assessments with accompanying data: • PLHAs and/or OEH intelligence preparation of the battlefield assessments • Pre-deployment site surveys • OEH site assessments • Base camp assessment team reports	NLT 30 days after report completion.
Routine OEHS reports with accompanying data: • Environmental sampling reports • Industrial hygiene surveys • Preventive medicine unit and situation reports • Analytical summaries • Veterinary service food and bottled water sanitation audit reports; veterinary laboratory food, bottled water, and zoonotic disease test results; veterinary medicine zoonotic disease data • Disease vector surveillance reports • DD Form 1532-1, "Pest Management Record," ~~(DoD Instruction 4150.7, Reference (am))~~*(DoD Instruction 4150.07 (Reference (al)))*	NLT 30 days after report completion.
Incident-response reports with accompanying data: • OEH and disease outbreak reports • OEH exposure incidents reports (severe or unusual occurrences) including rosters of exposed or potentially exposed personnel • CBRN incident reports (including acute and/or catastrophic exposures to toxic industrial chemicals and materials, and CBRN warfare agents)	Initial reports shall be made NLT 7 days after an incident or outbreak. Interim and final reports shall be forwarded NLT 7 days after investigation and report completion. COCOM will forward copies of reports to the ~~DOEHRS data portal~~*MESL* for archival.
All raw OEHS data and other reports: • On redeployment, all raw OEH data: air, water, soil, toxic industrial chemicals and materials, and veterinary public health including food and bottled water safety, and zoonotic diseases • Any OEH reports not previously submitted • All after-action reports and lessons learned reports **Note:** Original data should stay in theater for follow-on elements when units rotate.	NLT 30 days after redeployment of the preventive medicine, bioenvironmental engineering, veterinary, and/or environmental health unit responsible for sampling and report preparation.

E5. ENCLOSURE 5

ONCE-DAILY LOCATION RECORDING AND WEEKLY REPORTING

E5.1. General Location Requirements. During deployments, a process will be in place to record once-daily individual Service member locations. Record once-daily locations in either: six-digit grid coordinates, latitude/longitude coordinates, or geographic location codes as a "location record." Once an initial in-theater location record is established in the Service-specific system of record for each newly arrived individual, subsequent changes are required only when the individual changes their previously recorded once-daily location or when the Service member departs the theater. Location records will help determine the population at risk for occupational and environmental exposures, for any associated medical follow-up required, and for reporting to OSD. Location records shall be electronically reported to the DMDC via the Service-specific system of record (at the SECRET level and below) at least weekly. The DMDC system will have the capability to create reports on individuals and units for specified locations and dates.

E5.2. Deployment Location Data

E5.2.1. Personnel/Location Data. Each unit deployed in a theater of operations shall establish, maintain, and report a daily accountability or when changes in location occur of all personnel assigned, attached, or temporary duty or temporary additional duty to the unit, along with their once-daily location records. Location data is expressed in six-digit grid coordinate, latitude/longitude coordinates, or geographic location code. (See Table E5.T1.)

E5.2.2. Data Currency. While this information need not be submitted to DMDC in real time, it will be reported to DMDC (at the SECRET level and below) via the Service-specific system of record at least weekly.

E5.2.3. Data Classification. Personnel and operational data may be classified or unclassified as directed by the Joint Staff or the Combatant or Service component commander. DMDC maintains classified data at the SECRET level and below. COCOM commanders or Service component commanders will retain all location records for missions that exceed the SECRET classification. When these records are downgraded to the SECRET level of classification (or lower), they will be transmitted electronically to DMDC for archiving via the Services' system of record.

E5.2.4. Required Data Elements. Table E5.T1 establishes the data elements required to record and preserve Service member location information.

Table E5.T1. Data Requirements For Service Member Location Records[1]

Element Name	**Description**
DoD EDIPI[2]	The Department of Defense Electronic Data Interchange Person Identifier stored on the Common Access Card.
Member Social Security Number	The identifier assigned by the Social Security Administration to a person.
Service Branch Code	A Army; N Navy; M Marine Corps; F Air Force; C Coast Guard; DoD
Uniformed Service Organization Component Code	R Regular; G Guard; V Reserve; C Civilian; E Contractor
Member Surname Text	The text of a designation applied to a person, generally referred to as the last or family name.
Member Forename Text	The text of a designation applied to a person, generally referred to as the first name.
Member Middle Initial Text	The initial of a name designation applied to a person, commonly used between the first and last names. If not applicable, report as blank.
Member Birth Calendar Date	The date when a person was born. Format: YYYYMMDD
Assigned Unit Identification Code	The Service-unique code that represents the unit to which the member is assigned. Army: Report a W, the unit identification code (UIC) and one blank Navy: Report an N, the UIC and one blank Marine Corps: Report the Reporting Unit Code (RUC) and the Monitored Command Code (MCC) Air Force: Report an F, the unit portion of the Personnel Accounting System (PAS) Code and two blanks Coast Guard: Report the UIC
Attached Unit Identification Code	The Service-unique code represents the unit to which member has reported to duty. Army: Report a W, the UIC and one blank Navy: Report an N, the UIC and one blank Marine Corps: Report the RUC and MCC Air Force: Report an F, the unit portion of the PAS Code and two blanks Coast Guard: Report the UIC

[1] A written interface agreement or memorandum of record shall be established between the Services and DMDC to document any arrangements (e.g., data matching) that will be used to meet the minimum data requirements established in this Table.

[2] Optional. Not required for Services not using the Common Access Card in their deployment location reporting system of record.

Table E5.T1. Data Requirements For Service Member Location Records, cont.

Element Name	Description
Deployment Start Date	The date and time (Zulu) that the member began the deployment. Format: YYYYMMDDHHMM
Deployment End Date	The date and time (Zulu) that the member ended the deployment. Format: YYYYMMDDHHMM
Operation Plan Identification Code	The OPID code originates from the Joint Chiefs of Staff, Joint Operation Plan and Execution Segment system and is used to identify a specific operation plan.
Location Start Date	The date and time (Zulu) that the member arrived at the location being reported. Format: YYYYMMDDHHMM
Location End Date	The date and time (Zulu) that the member departed at the location being reported. Format: YYYYMMDDHHMM
Location Longitude Coordinate Code[3]	Report the degrees, minutes and seconds of the longitude of the member's location
Location Longitude Direction Code[3]	E East; W West
Location Latitude Coordinate Code[3]	Report the degrees, minutes and seconds of the latitude of the member's location
Location Latitude Direction Code[3]	N North; S South
Grid Coordinate Code[4]	Two byte alphabetic map sheet designation and six-digit grid coordinate. Format: AB123456
Geolocation Code[5]	Geographic Location Code
Location Country Code	The two-byte alphabetic code that represents the principal geopolitical entity of the world. Report U.S. for the 50 States and District of Columbia. If afloat at sea or unknown, report ZZ.
Location State Code	The two-byte alphabetic code that represents the state or the District of Columbia for domestic deployments.
Location Calendar Date	The date the member was at the location being reported on. Format: YYYYMMDD
Operation Name Text	Joint Staff or Service component name of an operation

[3]Not required when six-digit grid coordinates or geographic location codes (geolocation codes) are provided.
[4]Not required when latitude/longitude coordinate codes or geographic (geolocation codes) are provided.
[5]Not required when latitude/longitude coordinate codes or grid coordinate codes are provided.